THE RAPIDITY OF TRANSMISSION OF SENSORY IMPRESSIONS IN ATAXICS.—M. Richet communicated to the Soc. de Biologie, June 17, (rep. in *Le Progres Médical*) the researches he had been making on the quickness of sensibility in ataxics. It has been demonstrated, that as in the normal state the delay in perception of an impression is the greater, the farther it is received from the centres. Thus one second was required to transmit an impression from the leg in one case, and one and four-tenths seconds from the toes. Moreover, contrary to the rule in healthy persons, the intensity of the excitation modified the quickness of perception; in fact the stronger the electric current used by M. Richet, the less pronounced was the delay in perception. These facts agree with the laws of the reflexes laid down by Rosenthal.

VISUAL TROUBLES CONNECTED WITH APHASIA.—Galezowski, *Archives Gén de Médecine*, June, 1876, discusses the ocular troubles met with in some cases of aphasia. He finds that sometimes the patients are unable to distinguish letters while their vision is sufficient for ordinary progression. The characteristics of this amblyopia are as follows:

1. The patients can go about, and their vision of objects at a distance is not in any degree altered.

2. The visual acuteness, in appearance, is very sensibly diminished and the patient cannot read the largest type. But if we carefully examine the nature of their amblyopia, we find that their disorder is like nothing that we meet with in other affections. At one time they cannot recognize even the largest printed characters, while at others they distinguish the smaller ones, or, again, they recognize one or two words and pervert the sense of those that follow. They confound the letters with each other. Thus we perceive that their sight is not defective, but the intelligence and memory of the words they should pronounce.

3. The fatigue of the eyes is excessive, and the least usage of the sight is followed by *malaise*, headaches and vertigo.

4. The ophthalmoscopic examination of the eyes, and also the inspection of the external membranes of the organs shows no lesion. Nevertheless, in one patient, I found the pupils unequal.

5. Perversion of the chromatic faculty or daltonism, is also met with in aphasics; it is not the result of any alteration of the organs of sight, but is caused, like the weakening of the visual acuteness, by amnesia. Aphasic patients confound all the colors, red appears to them green or blue; blue seems black or gray. This partial color blindness is only apparent, the eye distinguishes, in reality, all the colors, but memory fails to recall their names, the patient sees them well enough but cannot name them.

This symptom is very characteristic of the disease, but its diagnosis is very difficult, and it may even be confounded with true daltonism unless proper attention is given to all the details in settling the question. It is possible also to confound the affection with incipient atrophy of the optic papilla, in which we also meet with true color blindness.

Hemiopia (homonymous) connected with aphasia has been met with

three times by the author, and he recognizes as its cause, the interruption of nutrition of one optic tract by the same lesion as caused the aphasia. One peculiarity was always observed, the line of interruption of the visual field was not vertical but more or less inclined.

Atrophy of the disc with aphasia is very rare, but has been noticed in the left eye. It may be explained either by an extensive lesion of the left hemisphere or optic tract, or it may be due to a direct embolism of the central artery of the retina, produced simultaneously with that of the Sylvian artery.

The general conclusions of the paper are as follows:

1. That the amblyopias complained of by aphasics are due rather to defects of memory and amnesia of letters and words than to diminution of visual acuteness;

2. That in a certain number of individuals we find amblyopia with right hemiopia of the two eyes;

3. That in very exceptional cases we may meet with papillary atrophy of one eye, usually the left;

4. That the amblyopia may be cured and sight more or less completely restored.

THE RELATION BETWEEN GENERAL PARALYSIS AND LOCOMOTOR ATAXIA.—In a paper published in the *N. Y. Med. Record*, July 29th, Dr. A. McL. Hamilton considers at length the relation existing between locomotor ataxia and general paralysis of the insane. He relates a case of ascending sclerosis of the cord, very rapidly involving the brain and producing the symptoms of general paralysis. He also gives a quite extended comparison of the symptoms in the two affections which we reproduce here.

GENERAL PARALYSIS.	LOCOMOTOR ATAXIA.
INITIAL MENTAL SYMPTOMS.	
Slight irritability of temper. Extravagance (the patient purchases unnecessary articles, or spends money without reference to his means).	No mental trouble except, perhaps, irritability.
Erotic and libidinous ideas and indulgences.	At first diminished sexual power, afterwards an increase.
INITIAL MATERIAL SYMPTOMS.	
Slight impairment of muscles about mouth, and tremor of tongue (when protruded, it is agitated by vermicular tremors).	No affection of tongue, nor of any muscles of face, except those supplied by third nerve.
Pupils unequal.	Pupils generally contracted, sometimes dilated after an attack of pain.
	Strabismus a frequent symptom.